

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000024

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Minn. b. COUNTY Steele			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Owatonna		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR CLINIC K. O. H.			Length of stay in lb 15 days		d. STREET ADDRESS (If outside, give location) 358 Main St.		
3. NAME OF DECEASED (Type or print) First Middle Last HARSON ATWOOD NORTHROP				4. DATE OF DEATH Month Day Year Jan. 19 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 13-90	
9. AGE (In years last birthday) 68		10. KIND OF BUSINESS OR INDUSTRY Osteopathic		11. BIRTHPLACE (City and state or country) Agre, India		12. CITIZEN OF WHAT COUNTRY? U S	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician				13. FATHER'S NAME Frederick Hamilton Northrop			
10b. KIND OF BUSINESS OR INDUSTRY Osteopathic				14. MOTHER'S MAIDEN NAME Nina Ann unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 475-44-5462		17. INFORMANT Frederick H. Northrop 220 E. Patterson, Kirksville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral hydronephrosis of kidneys</i> DUE TO (b) <i>ureteral obstruction due to stones</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Urinary bladder calculus</i>							INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
19. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		STATE	
21. I attended the deceased from <i>Jan 6, 1959</i> to <i>Jan 19, 1959</i> and last saw her alive on <i>Jan 19</i> Death occurred at <i>11:30 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>M.T. Gutensohn D.D.</i>				22b. ADDRESS <i>Kirksville Mo</i>		22c. DATE SIGNED <i>1-20-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR PLACE		23d. LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>Jan. 23/59</i>		<i>Forest Hill</i>		<i>Owatonna, Steele, Minn.</i>	
24. FUNERAL DIRECTOR <i>Novata Fastus</i>				25. DATE RECD. BY LOCAL REG. <i>1-20-1959</i>		26. REGISTRAR'S SIGNATURE <i>Doris W. Rathoff</i>	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
M.T. GUTENSOHN, D.D.

JAN 30 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Nova E. Foster
Nova E. Foster
Licensed Embalmer No. 474
Kirksville, Mo
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.